

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/565635

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3					
5	3					
6	3					
7	2					
8	2					
9	2					
10	2					
11	1					
12	1					
13	1					
14	1					
15	6					
16	6					
17	3					
18	3					
19	2					
20	2					
21	1					
22	1					
23	2					
24						
25	8					
26	8					
27	8					
28	3					
29	3					
30	3					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	8					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	15					
TOTAL CLAIMS	54					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						